

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724688

1. Entity Name

FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90084 018 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>5660 80TH ST. N<br>APT D208<br>ST PETERSBURG FL 33709<br>US | Mailing Address<br>5660 80TH ST. N<br>APT D208<br>ST PETERSBURG FL 33709-5898<br>US |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1534987</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**MOREY, DOROTHY**  
**5660 80TH ST. N. D208**  
**ST PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25.</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>HANSEN, WILLIAM</b><br><b>7758 FAREHAM CT N</b><br><b>ST. PETERSBURG FL 33709</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPT</b><br><b>MOREY, DOROTHY R</b><br><b>5660 80TH ST N D208</b><br><b>ST PETERSBURG FL</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>HARRINGTON, WANELLA</b><br><b>5660 80TH ST N A202</b><br><b>ST. PETE FL</b> <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CLARK, WILLIAM</b><br><b>5660 80TH ST N D106</b><br><b>ST. PETERSBURG FL 33709</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LARICCIA, CARL</b><br><b>5660 80TH ST N D102</b><br><b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>MOREY, DOROTHY</b><br><b>5660 80TH ST N. D208</b><br><b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete                |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Dorothy Morey, Pres</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5660 80th At. N. D208</b><br><b>St. Petersburg, Fl. 33709</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Carl LaRiccia V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5660 80th St. N. D103</b><br><b>St. Petersburg, Fl 33709</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Patricia Jacob Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5660 80th St. N. A307</b><br><b>St. Petersburg, Fl 33709</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Pamela Smeltzer treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5660 80th St. N. A303</b><br><b>St. Petersburg, Fl</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Augustine Daigle Dir</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>5660 80th St. N. A205</b><br><b>St. Petersburg, Fl 33709</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>William Clark D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5660 80th St. N. D106</b><br><b>St. Petersburg, Fl 33709</b>                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Dorothy Morey*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/4/00* Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)